



Ashley Plyushko, CPA
Executive Director

OKLAHOMA ACCOUNTANCY BOARD
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ADDRESS CHANGE REPORTING FORM

Pursuant to Section 15.14.H of the Oklahoma Accountancy Act, all changes of employment or mailing address shall be reported to the Board within thirty (30) calendar days of such changes becoming effective.

☐ CPA Certificate ☐ PA License ☐ Exam Candidate

Certificate/License or Candidate ID Number: _____

Name (name on record with OAB): _____
First Middle Last Suffix (Sr., Jr. II, III)

ADDRESS CHANGE

New Mailing Address (please provide city, state and zip code):

Mailing Address 1: _____

Mailing Address 2: _____

City/State/Zip Code: _____

Country: _____

PHONE / EMAIL CHANGE

Primary Ph: _____ Secondary Ph: _____

Email: _____

Fax No: _____

Signature: _____ Date: _____

Please be aware that most information provided to the OAB is considered an open record and may be released, except where such release is specifically prohibited by the Oklahoma Accountancy Act, the Oklahoma Open Records Act, or the Federal Privacy Act (i.e., social security numbers, transcripts, examination grades, peer review reports).

– FOR OAB USE ONLY –

VERIFIED BY: _____ DATA ENTRY BY: _____ DATE ENTERED: _____

SPECIAL REMARKS: _____